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EXHIBIT A DESIGNATION OF BENEFICIARY

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Mailing Address:
P.O. Box 10431
Des Moines, IA 50306-0431
Principal Life Insurance Company
Beneficiary Change Form
For assistance, please call: 1.800.247.8888

The following beneficiary designation will be in force until revoked in writing.

Policy Information

Policy Number(s)

✓ 4346789

On the Life of

✓ Natividad A. Cuesta

Complete appropriate sections of 1 and 2 then sign the appropriate section of 3.

If your primary beneficiary is/are:

An Individual Person(s).....	Complete section	1A
A Corporation	Complete section	1A
A Trust	Complete section	1B
Minor Children	Complete sections	1A and 1C

If your beneficiary is for:

A Spouse- or Child-Term Rider	Complete section	1D
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If your contingent (secondary) beneficiary is:

An Individual Person(s) or A Corporation	Complete section	2A
A Trust	Complete section	2B

Designation Instructions

- If you list more than one beneficiary in your primary or contingent (secondary) designation, the proceeds will be paid equally or to the survivors or survivor, unless you indicate otherwise.
- If you elect to fill out percentages, the total must equal 100% or the form will be returned to you. If you elect percentages, proceeds for any beneficiary who dies prior to the insured, will be paid equally to the survivors or survivor, unless you indicate otherwise.
- If additional space is needed for the beneficiary designation, write "see attached" in the space provided below and attach a separate page with this form. The date, policy number, and signature(s) must appear on attached pages.

1A. Primary Beneficiary Designation

☐ No change to current designation (check box)

1. Beneficiary full name ✓ Estela D. Reed	Relationship Cousin	Share % 100%	Last 4 digits of Social Security # 8613
2. Beneficiary full name	Relationship	Share %	Last 4 digits of Social Security #
3. Beneficiary full name	Relationship	Share %	Last 4 digits of Social Security #

☐ **Per Stirpes Designation:** If any beneficiary dies before the insured and leaves children, by birth or legal adoption, who survive the insured, such children of the beneficiary shall receive in equal portions the share their parent would have received if living; otherwise, the share of a beneficiary who dies before the insured shall be paid equally to the surviving beneficiaries of the insured. (check box if applicable).

1B. Testamentary and Personal Trusts

In order to receive proceeds, Trust must prove it is legally in existence at a time and in a manner that Principal requests.

☐ Trustee of the Trust created in the Last Will and Testament of the Insured, OR

☐ _____ Trustee(s), or a successor in Trust under

Trustee Name(s)

established

Trust Name

Date of Trust Agreement

04/26/2007 14:05 4084377205

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04/23/2007 09:05 5107425

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1C. Beneficiary Designation with UTMA "Uniform Transfers to Minors Act" Custodian

If any beneficiary is a minor, proceeds shall be paid to: _____ as custodian for such "minor" beneficiary. Substitute custodian: _____

1D. Spouse or Child Term Rider

Proceeds on the death of the insured spouse shall be paid to:

Beneficiary full name Relationship Last 4 digits of Social Security #

Proceeds on the death of an insured child shall be paid to:

Beneficiary full name Relationship Last 4 digits of Social Security #

In the event said primary beneficiary(ies) predecease me, I designate as a contingent beneficiary(ies):

2A. A Person or Corporation☐ No change to current designation (check box)

1. Beneficiary full name Relationship Share % Last 4 digits of Social Security #

2. Beneficiary full name Relationship Share % Last 4 digits of Social Security #

2B. Testamentary and Personal Trusts

In order to receive proceeds, Trust must prove it is legally in existence at a time and in a manner that Principal requests.

☐ Trustee of the Trust created in the Last Will and Testament of the Insured, OR☐ _____ Trustee(s), or a successor in Trust under

Trustee Name(s)

Trust Name

established

Date of Trust Agreement

3A. Signature for policies owned by Individual(s)Signature of Owner *[Signature]* Email Address *1419 Sherman St. # D* Telephone *(510) 338-2237* Date *4/2/07*Signature of Joint Owner _____ Email Address *Alarmed.9458* Telephone _____ Date _____

Signature of Custodian, Guardian, or Conservator _____ Title _____ Date _____

Signature of Beneficiary (if named irrevocable) _____ Date _____

Eskela D. Reed *Patricia A. Reed* *4/2/07*

Signature of Witness (required for life insurance policies issued in the State of Massachusetts) _____ Date _____

Je. Quamson *4/2/07***3B. Signature for policies owned by a Corporation or Trust**

Name of Corporation or Trust

Signature of Officer(s) _____ Title of Officer(s) _____ Date _____

Signature of Trustee(s) _____ Title of Trustee(s) _____ Date _____

Signature of Beneficiary (if named irrevocable) _____ Trustee _____ Date _____

Signature of Witness (required for life insurance policies issued in the State of Massachusetts) _____ Date _____

For more information:
Log on to our website at www.principal.com